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PTO/SB/01 (12-97)

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**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted with Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) - required)

**Attorney Docket Number** 20076-09

**First Named Inventor** Mehmet C. OZ

**COMPLETE IF KNOWN**

**Application Number** / to be assigned

**Filing Date** to be assigned

**Group Art Unit**

**Examiner Name**

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD AND APPARATUS FOR CIRCULATORY VALVE REPAIR**

the specification of which

*(Title of the Invention)*

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/051,078	06/27/1997	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

[Page 1 of 2]

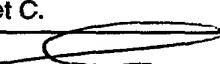
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.**DECLARATION — Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)					
PCT/US98/13240	06/25/1998						
<input type="checkbox"/> Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: <input type="checkbox"/> Customer Number _____ → <input type="checkbox"/> Place Customer Number Bar Code Label here <input checked="" type="checkbox"/> Registered practitioner(s) name/registration number listed below							
Name	Registration Number	Name	Registration Number				
Michael I. Wolfson William H. Dippert R. Lewis Gable	24,750 26,723 22,479	Frank J. DeRosa Morey B. Wildes	26,543 36,968				
<input type="checkbox"/> Additional registered practitioner(s) named on supplemental Registered Practitioner Information sheet PTO/SB/02C attached hereto. Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label _____ OR <input checked="" type="checkbox"/> Correspondence address below							
Name	William H. Dippert						
Address	Cowan, Liebowitz & Latman, P.C.						
Address	1133 Avenue of the Americas						
City	New York	State	NY	ZIP	10036-6799		
Country	USA	Telephone	(212) 790-9200		Fax (212) 575-0671		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.							
Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Mehmet C.			OZ				
Inventor's Signature					Date	2/22/99	
Residence: City	Cliffside Park	State	NJ	Country	US	Citizenship	US
Post Office Address	Villa G, 100 Winston Drive						
Post Office Address							
City	Cliffside Park	State	NJ	ZIP	07010	Country	US
<input type="checkbox"/> Additional inventors are being named on the supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto							

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet**  
Page 1 of 2**Name of Additional Joint Inventor, If any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Gerald M.

LEMOLE

Inventor's Signature

2/23/99  
Date

Residence: City

State

CT

Country

US

Citizenship

US

Post Office Address

404 Tomlinson Road

Post Office Address

City

Huntingdon Valley

State

PA

ZIP

19006

Country

US

**Name of Additional Joint Inventor, If any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Alan

LOTVIN

Inventor's Signature

Date

Residence: City

Upper Saddle River

State

NJ

Country

US

Citizenship

US

Post Office Address

7 Lilline Lane

Post Office Address

City

Upper Saddle River

State

NJ

ZIP

07458

Country

US

**Name of Additional Joint Inventor, If any:** A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Juan P.

UMANA

Inventor's Signature

Date

Residence: City

New York

State

NY

Country

US

Citizenship

US

Post Office Address

c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue

Post Office Address

City

New York

State

NY

ZIP

10032

Country

US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 1 of 2**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Gerald M.				LEMOLE			
Inventor's Signature							Date
Residence: City		State	CT	Country	US	Citizenship	US
Post Office Address	404 Tomlinson Road						
Post Office Address							
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Alan				LOTVIN			
Inventor's Signature							Date
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address	7 Lilline Lane						
Post Office Address							
City	Upper Saddle River	State	NJ	ZIP	07458	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])				Family Name or Surname			
Juan P.				UMANA			
Inventor's Signature							Date
Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address							
City	New York	State	NY	ZIP	10032	Country	US

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Page 1 of 2

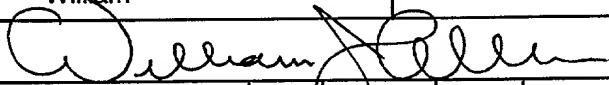
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Gerald M		LEMOLE					
Inventor's Signature							Date
Residence: City		State	CT	Country	US	Citizenship	US
Post Office Address	404 Tomlinson Road						
Post Office Address							
City	Huntingdon Valley	State	PA	ZIP	19006	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Alan		LOTVIN					
Inventor's Signature							Date
Residence: City	Upper Saddle River	State	NJ	Country	US	Citizenship	US
Post Office Address	7 Lilline Lane						
Post Office Address							
City	Upper Saddle River	State	NJ	ZIP	07458	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Juan P.		UMANA					
Inventor's Signature							Date
Residence: City	New York	State	NY	Country	US	Citizenship	US
Post Office Address	c/o Mehmet C. Oz, Milstein Pavilion 7-435, 177 Fort Washington Avenue						
Post Office Address							
City	New York	State	NY	ZIP	10032	Country	US

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**DECLARATION****ADDITIONAL INVENTOR(S)  
Supplemental Sheet  
Page 2 of 2**

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
William			ALLEN				
Inventor's Signature						Date	2/23/99
Residence: City	Stratford	State	CT	Country	US	Citizenship	US
Post Office Address	30 Cut Spring Road						
Post Office Address							
City	Stratford	State	CT	ZIP	06614	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Howard P.			LEVIN				
Inventor's Signature						Date	
Residence: City	Teanect	State	NJ	Country	US	Citizenship	US
Post Office Address	406 Pomander Walk						
Post Office Address							
City	Teanect	State	NJ	ZIP	07666	Country	US
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Inventor's Signature						Date	
Residence: City		State		Country		Citizenship	
Post Office Address							
Post Office Address							
City		State		ZIP		Country	

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## DECLARATION

### ADDITIONAL INVENTOR(S) Supplemental Sheet Page 2 of 2

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
William				ALLEN				
Inventor's Signature							Date	
Residence: City	Stratford	State	CT	Country	US	Citizenship	US	
Post Office Address	30 Cut Spring Road							
Post Office Address								
City	Stratford	State	CT	ZIP	06614	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Howard R.				LEVIN				
Inventor's Signature							Date	03/23/97
Residence: City	Teaneck	State	NJ	Country	US	Citizenship	US	
Post Office Address	406 Pomander Walk							
Post Office Address								
City	Teaneck	State	NJ	ZIP	07666	Country	US	
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Inventor's Signature							Date	
Residence: City		State		Country		Citizenship		
Post Office Address								
Post Office Address								
City		State		ZIP		Country		

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